

Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Turtle Creek LLC		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1070	Date 9/23/19
Address 6545 ST RT 36 E		City/Zip Code Greenville 45331		
License holder Turtle Creek Golf Course		Inspection Time 160	Travel Time 20	Category/Descriptive C45
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation			Follow up date (if required)	Water sample date/result (if required)

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Compliance Status		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting	25	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	Highly Susceptible Populations	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.	
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized	Public health interventions are control measures to prevent foodborne illness or injury.	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooking time and temperatures		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper reheating procedures for hot holding		
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures		
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures		

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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN**=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
In-use utensils: properly stored			
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Utensils, equipment and linens: properly stored, dried, handled			
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Single-use/single-service articles: properly stored, used			
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Slash-resistant and cloth glove use			

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
47	2.13C	NC	Observed no hair restraints being worn by food employees. Discussed effective restraints shall be worn to restrain hair from contacting exposed food, equipment, linens, single use/service articles, etc.	<input type="checkbox"/>	<input type="checkbox"/>
10	6.2 B	NC	No soap at handwashing sink in waitress station area. Discussed handwashing sinks shall be properly equipped to facilitate adequate handwashing. Area to be delivering products to facility tomorrow. PIC directed staff to wash hands at other hand sink for the time being.	<input type="checkbox"/>	<input type="checkbox"/>
3	2.9C	C	Employee Health Policy on file but not signed by employees. Discussed all employees shall be informed in a verifiable as it pertains to their	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>9-23-19</i>
Sanitarian <i>[Signature]</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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Observations and Corrective Actions (continued)

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Item No.	Code Section	Priority Level	Comment	COS	R
<i>3</i>	<i>2.3C</i>	<i>C</i>	<i>requirements / responsibility of reporting the PIC about their health. Please have everyone read sign EHP. Thank you</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>8.4B</i>	<i>NC</i>	<i>Observed physical facilities to be dirty at the time of inspection. Discussed floors, walls, ceilings shall be cleaned at a more frequent basis to keep facilities clean.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.5A</i>	<i>NC</i>	<i>Observed several dirty and rusty shelving units throughout the facility. Discussed nonfood contact surfaces shall be clean to sight & touch and replaced or resurfaced if they are no longer smooth and easily cleanable. PIC stated shelving is being replaced based on available budget. Please clean until can be appropriately replaced. Thank you</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>25</i>	<i>3.5E</i>	<i>C</i>	<i>Consumer advisory footnote was not tied back to items that can be served upon consumer request. PIC stated new menus are coming soon - please be sure items are asterisked back to consumer advisory footnote on new menus. Thank!</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>55</i>	<i>4.2I</i>	<i>NC</i>	<i>No QDAT test strips available. Keslo rep on-site at time of inspection. PIC put order in for QAT test strips @ time of inspection. Please use chlorine bleach sanit solution as directed until test strips for QAT solution obtained.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Observed personal belonging items improperly stored throughout the FSD. Discussed items shall be stored in an appropriate manner to prevent contamination of items for service in the FSD. PIC to designate employee storage area. Will check at next standard for improvements. Thank!</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Dustin [Signature]</i>	Date: <i>9-23-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>DCHD</i>

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Item No.	Code Section	Priority Level	Comment	COS	R
<i>23</i>	<i>3.4H</i>	<i>C</i>	<i>Observed the following dates & items in the undercounter reach-in refrigerator. Baked potatoes - 9/13/2019 and cooked rice - 9/12/19. Discussed items shall be discarded by 7th day to prevent growth. All items voluntarily discarded.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>23</i>	<i>3.4G</i>	<i>C</i>	<i>Observed no date on the following items: 3 bags of baked potatoes in reach-in fridge; spinach in reach-in fridge; pizza sauce & cooked sausage at pizza prep station; sliced ham in the walk-in cooler. Discussed proper date marking procedures with PIC at time of inspection - all RTE TCS items shall be dated for 7 days w/ day of prep counting as day 1. Items appropriately dated or discarded @ time of inspection.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>56</i>	<i>4.5A</i>	<i>NL</i>	<i>Observed build up on nonfood contact surfaces of equipment throughout the facility. Discussed nonfood contact surfaces of equipment shall be <u>CLEAN</u> to sight & touch.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>16</i>	<i>4.5B</i>	<i>C</i>	<i>Observed soda soda gun in bar area to be dirty at the time of inspection. Discussed food contact surfaces shall be cleaned as often as necessary to preclude accumulation of soil residues. Corrected on-site.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>22</i>	<i>3.4F</i>	<i>C</i>	<i>Observed lettuce, sour cream and several "refrigerate after opening" sauce's holding between 48-52 °F in refrigerated prep unit. Items requiring refrigeration discarded. Discussed RTE TCS items shall be maintained 41 °F or below. PIC to use stainless steel containers to better conduct heat of items in unit.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge: <i>Doree [Signature]</i>	Date: <i>9-23-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>DCHD</i>

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Observations and Corrective Actions (continued)

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Item No.	Code Section	Priority Level	Comment	COS	R
<i>45</i>	<i>6-4 F</i>	<i>C</i>	<i>Observed several live bugs (flies, gnats) throughout facility. Discussed cleaning facility thoroughly and monitoring to prevent/eliminate presence issue. Discussed fly strips NOT above food prep areas for maintenance.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3/5</i>	<i>2-9C</i>	<i>C</i>	<i>CRITICAL CONTACT POINT T. EMPLOYEE HEALTH</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>No signed employee Health Policy. Please have at next standard. Thank you!</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>25/35</i>	<i>2-5E</i>	<i>C</i>	<i>III CONSUMER ADVISORY</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>No asterisks on necessary menu items. New menus shall be properly implemented by tying consumer advisory footnote to steaks, burger, and salmon</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>24/35</i>	<i>3-VH</i>	<i>C</i>	<i>VI TIME/TEMP CONTROLLED FOR SAFETY FOODS Observed baked potatoes (9/13) and cooked rice (9/12) out of date. CORRECTED! TV TIME/TEMP CONTROLLED FOR SAFETY FOODS</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>No date mark on baked potatoes, spinach pizza sauce, cooked sausage, sliced ham. Items correctly dated or discarded</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>16/35</i>	<i>4-5C</i>	<i>C</i>	<i>III PROTECTION FROM CONTAMINATION</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Observed soda gun to be dirty. Corrected on site by cleaning/sanitizing w/ bleach water</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>22/35</i>	<i>3-4 F</i>	<i>C</i>	<i>VI TIME/TEMP CONTROLLED FOR SAFETY FOOD</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Items cold holding b/w 48-52 °F in prep cooler. Items discarded - must maintain 41°F or below for RTE cold holding</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Dan Hillman</i>	Date: <i>9-23-19</i>
Sanitarian: <i>[Signature]</i>	Licenser: <i>DCHD</i>

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